



Last Updated: 03/09/2022

Demo memo 2

DMAS published a Medicaid Memo on March 22, 2013 outlining the payment calculation for the primary care services eligible for higher payments under the Medicaid primary care rate increase. At that time, the Centers for Medicare and Medicaid Services (CMS) had not responded to a question related to reimbursement for vaccine administration.

DMAS will calculate the additional payment for CMS 1500 claims submitted directly to Medicaid based on the difference between the enhanced Medicare rates and the total paid amount of the original or adjusted claim, including amounts paid by the member (copays) and amounts paid by third parties. However, the March 22 memo also indicated that the total payment will be the lower of the enhanced Medicare rates or billed charges for evaluation and management (E&M) codes. CMS has now given DMAS additional guidance that the rule applies not only to reimbursement for E&M codes, but also to reimbursement for vaccine administration fees.

DMAS previously instructed providers billing vaccine administration to submit a charge of \$11.00 for each vaccine product code administered to members under age 19 who are eligible for vaccines under the Vaccines for Children (VFC) Program. The final rule increases the vaccine administration fee for vaccines under the VFC Program to \$21.24 for eligible providers. Eligible providers who billed DMAS vaccine administration fees of \$11.00 or less than \$21.24 will only be reimbursed up to the billed charge, rather than the full amount of the vaccine administration fee rate increase. Eligible providers should bill \$21.24 for vaccine administration utilizing the actual vaccine code furnished during calendar years 2013 and 2014. The reimbursement at the time of the claim adjudication will remain at \$11.00, but the higher charge will allow DMAS to provide the additional payment at the time of the quarterly enhancement process. Eligible providers must adjust their prior paid claim(s) that were billed with charges of \$11.00 to reflect a current charge of \$21.24 for dates of service on or after January 1, 2013 in order to be reimbursed for the full amount of the increased vaccine administration fee. As providers make the adjustments, the enhanced payments will be calculated during the next quarter enhanced payments.

MANAGED CARE

Managed care plans are also required to make higher payments to eligible primary care providers for eligible primary care services. If providers have similar billing arrangements with Managed Care Organizations (MCOs), providers should contact each MCO for revised billing information.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866- 352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall



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<https://dmas.virginia.gov>

MEDICAID MEMO

audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800- 772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal at dmas.kepro.com.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering Internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are: 1-804-786-6273 Richmond area and out-of-state long distance 1-800-552-8627 All other areas (in-state, toll-free long distance) Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

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